



Healthy Aging Update

Iowa Department of Elder Affairs

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Welcome

This issue of Healthy Aging Update continues to provide information on the Dietary Guidelines for Americans with this issue focusing on dietary fats. Additional information is included to serve as a resource for providing nutrition and health promotion services to older adults.

Fats: Dietary Guidelines for Americans

The following information on dietary fats is from the U.S. Department of Health and Human Services www.health.gov/DietaryGuidelines/

Overview

Fats and oils are part of a healthful diet, but the type of fat makes a difference to heart health, and the total amount of fat consumed is also important. High intake of saturated fats, *trans* fats, and cholesterol increases the risk of unhealthy blood lipid levels, which, in turn, may increase the risk of coronary heart disease. A high intake of fat (greater than 35 percent of calories) generally increases saturated fat intake and makes it more difficult to avoid consuming excess calories. A low intake of fats and oils (less than 20 percent of calories) increases the risk of inadequate intakes of vitamin E and of essential fatty acids and may contribute to unfavorable changes in high-density lipoprotein (HDL) blood cholesterol and triglycerides.

KEY RECOMMENDATIONS

- Consume less than 10 percent of calories from saturated fatty

acids and less than 300 mg/day of cholesterol, and keep *trans* fatty acid consumption as low as possible.

- Keep total fat intake between 20 to 35 percent of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts, and vegetable oils.
- When selecting and preparing meat, poultry, dry beans, and milk or milk products, make choices that are lean, low-fat, or fat-free.
- Limit intake of fats and oils high in saturated and/or *trans* fatty acids, and choose products low in such fats and oils.

DISCUSSION

Fats supply energy and essential fatty acids and serve as a carrier for the absorption of the fat-soluble vitamins A, D, E, and K and carotenoids. Fats serve as building blocks of membranes and play a key regulatory role in numerous biological functions. Dietary fat is found in foods from both plants and animals. The recommended total fat intake is between 20 and 35 percent of calories for adults. Few Americans consume less than 20 percent of calories from fat. Fat intakes that exceed 35 percent of calories are associated with both total increased saturated fat and calorie intakes.

To decrease their risk of elevated low-density lipoprotein (LDL) cholesterol in the blood, most Americans need to decrease their intakes of saturated fat and *trans* fats, and many need to decrease their dietary intake of cholesterol. Because men tend to have higher intakes of dietary cholesterol, it is especially important for them to meet this recommendation. Population-based studies of American diets show that intake of saturated fat is more excessive than intake of *trans* fats and cholesterol. Therefore, it is most important for Americans to decrease their intake of saturated fat. However, intake of all three should be decreased to meet recommendations. [Table 8](#) shows, for selected calorie levels, the maximum gram amounts of saturated fat to consume to keep saturated fat intake below 10 percent of total calorie intake. This table may be useful when combined with label-reading guidance. [Table 9](#) gives a few practical examples of the differences in the saturated fat content of different forms of commonly consumed foods. [Table 10](#) provides the major dietary sources of saturated fats in the U.S. diet listed in decreasing order.

Historically, *trans* fat intake contributed a little over 2 percent of total energy intake of Americans. Processed foods and oils provide approximately 80 percent of *trans* fats in the diet, compared to 20 percent that occur naturally in food from animal sources. [Table 11](#) provides the major dietary sources of *trans* fats listed in decreasing order. *Trans* fat content of certain processed foods has changed and is likely to continue to change as the industry reformulates products. Because the *trans* fatty acids produced in the partial hydrogenation of vegetable oils account for more than 80 percent of total intake, the food industry has an important role in decreasing *trans* fatty acid content of

the food supply. Limited consumption of foods made with processed sources of *trans* fats provides the most effective means of reducing intake of *trans* fats. By looking at the food label, consumers can select products that are lowest in saturated fat, *trans* fats,¹³ and cholesterol.

To meet the total fat recommendation of 20 to 35 percent of calories, most dietary fats should come from sources of polyunsaturated and monounsaturated fatty acids. Sources of omega-6 polyunsaturated fatty acids are liquid vegetable oils, including soybean oil, corn oil, and safflower oil. Plant sources of omega-3 polyunsaturated fatty acids (α -linolenic acid) include soybean oil, canola oil, walnuts, and flaxseed. Eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) are omega-3 fatty acids that are contained in fish and shellfish. Fish that naturally contain more oil (e.g., salmon, trout, herring) are higher in EPA and DHA than are lean fish (e.g., cod, haddock, catfish). Limited evidence suggests an association between consumption of fatty acids in fish and reduced risks of mortality from cardiovascular disease for the general population. Other sources of EPA and DHA may provide similar benefits; however, more research is needed. Plant sources that are rich in monounsaturated fatty acids include vegetable oils (e.g., canola, olive, high oleic safflower, and sunflower oils) that are liquid at room temperature and nuts.

Considerations for Specific Population Groups

Evidence suggests that consuming approximately two servings of fish per week (approximately 8 ounces total) may reduce the risk of mortality from coronary heart disease and that consuming EPA and DHA may reduce the risk of mortality from cardiovascular disease in people who have already experienced a cardiac event.

Federal and State advisories provide current information about lowering exposure to environmental contaminants in fish. For example, methylmercury is a heavy metal toxin found in varying levels in nearly all fish and shellfish. For most people, the risk from mercury by eating fish and shellfish is not a health concern. For more information including for younger persons, call FDA's food information line toll-free at 1-888-SAFEFOOD or visit <http://www.cfsan.fda.gov/~dms/admehg3.html>.

Lower intakes (less than 7 percent of calories from saturated fat and less than 200 mg/day of cholesterol) are recommended as part of a therapeutic diet for adults with elevated LDL blood cholesterol (i.e., above their LDL blood cholesterol goal [see [table 12](#)]). People with an elevated LDL blood cholesterol level should be under the care of a healthcare provider.

TABLE 8. Maximum Daily Amounts of Saturated Fat To Keep Saturated Fat Below 10 Percent of Total Calorie Intake

The maximum gram amounts of saturated fat that can be consumed to keep saturated fat intake below 10 percent of total calorie intake for selected calorie levels. A 2,000-

calorie example is included for consistency with the food label. This table may be useful when combined with label-reading guidance.

Total Calorie Intake	Limit on Saturated Fat Intake
1,600	18 g or less
2,000 ^a	20 g or less
2,200	24 g or less
2,500 ^a	25 g or less
2,800	31 g or less

^a Percent Daily Values on the Nutrition Facts Panel of food labels are based on a 2,000-calorie diet. Values for 2,000 and 2,500 calories are rounded to the nearest 5 grams to be consistent with the Nutrition Facts Panel.

TABLE 9. Differences in Saturated Fat and Calorie Content of Commonly Consumed Foods

This table shows a few practical examples of the differences in the saturated fat content of different forms of commonly consumed foods. Comparisons are made between foods in the same food group (e.g., regular cheddar cheese and low-fat cheddar cheese), illustrating that lower saturated fat choices can be made within the same food group.

Food Category	Portion	Saturated Fat Content (grams)	Calories
Cheese			
<input type="checkbox"/> Regular cheddar cheese	1 oz	6.0	114
<input type="checkbox"/> Low-fat cheddar cheese	1 oz	1.2	49
Ground beef			
<input type="checkbox"/> Regular ground beef (25% fat)	3 oz (cooked)	6.1	236
<input type="checkbox"/> Extra lean ground beef (5% fat)	3 oz (cooked)	2.6	148
Milk			
<input type="checkbox"/> Whole milk (3.25%)	1 cup	4.6	146
<input type="checkbox"/> Low-fat (1%) milk	1 cup	1.5	102
Breads			
<input type="checkbox"/> Croissant (med)	1 medium	6.6	231
<input type="checkbox"/> Bagel, oat bran (4")	1 medium	0.2	227
Frozen desserts			
<input type="checkbox"/> Regular ice cream	1/2 cup	4.9	145
<input type="checkbox"/> Frozen yogurt, low-fat	1/2 cup	2.0	110
Table spreads			
<input type="checkbox"/> Butter	1 tsp	2.4	34
<input type="checkbox"/> Soft margarine with zero <i>trans</i> fats	1 tsp	0.7	25

Chicken			
<input type="checkbox"/> Fried chicken (leg with skin)	3 oz (cooked)	3.3	212
<input type="checkbox"/> Roasted chicken (breast no skin)	3 oz (cooked)	0.9	140
Fish			
<input type="checkbox"/> Fried fish	3 oz	2.8	195
<input type="checkbox"/> Baked fish	3 oz	1.5	129

Source: ARS Nutrient Database for Standard Reference, Release 17.

TABLE 10. Contribution of Various Foods to Saturated Fat Intake in the American Diet

The major dietary sources of saturated fats in the U.S. diet listed in decreasing order.

Food Group	Contribution (percent of total sat fat consumed)
Cheese	13.1
Beef	11.7
Milk ^a	7.8
Oils	4.9
Ice cream/sherbet/frozen yogurt	4.7
Cakes/cookies/quick breads/doughnuts	4.7
Butter	4.6
Other fats ^b	4.4
Salad dressings/mayonnaise	3.7
Poultry	3.6
Margarine	3.2
Sausage	3.1
Potato chips/corn chips/popcorn	2.9
Yeast bread	2.6
Eggs	2.3

^a The milk category includes all milk, including whole milk, low-fat milk, and fat-free milk.

^b Shortening and animal fats

Source: Adapted from Cotton PA, Subar AF, Friday JE, Cook A, Dietary Sources of Nutrients among U.S. Adults, 1994-1996. *JADA* 104:921-931, 2004.

TABLE 11. Contribution of Various Foods to *Trans* Fat Intake in the American Diet

The major dietary sources of *trans* fats listed in decreasing order. Processed foods and oils provide approximately 80 percent of *trans* fats in the diet, compared to 20 percent that occur naturally in food from animal sources. *Trans* fats content of certain processed foods has changed and is likely to continue to change as the industry reformulates products.

Food Group	Contribution (percent of total <i>trans</i> fats consumed)
Cakes, cookies, crackers, pies, bread, etc.	40
Animal products	21
Margarine	17
Fried potatoes	8
Potato chips, corn chips, popcorn	5
Household shortening	4
Other ^a	5

^a Includes breakfast cereal and candy. USDA analysis reported 0 grams of *trans* fats in salad dressing.

Source: Adapted from *Federal Register* notice. *Food Labeling; Trans Fatty Acids in Nutrition Labeling; Consumer Research To Consider Nutrient Content and Health Claims and Possible Footnote or Disclosure Statements; Final Rule and Proposed Rule*. Vol. 68, No. 133, p. 41433-41506, July 11, 2003. Data collected 1994-1996.

TABLE 12. Relationship Between LDL Blood Cholesterol Goal and the Level of Coronary Heart Disease Risk

Information for adults with elevated LDL blood cholesterol. LDL blood cholesterol goals for these individuals are related to the level of coronary heart disease risk. People with an elevated LDL blood cholesterol value should make therapeutic lifestyle changes (diet, physical activity, weight control) under the care of a healthcare provider to lower LDL blood cholesterol.

If Someone Has:	LDL Blood Cholesterol Goal Is:
CHD or CHD risk equivalent ^a	Less than 100 mg/dL
Two or more risk factors other than elevated LDL blood cholesterol ^b	Less than 130 mg/dL

Zero or one risk factor other than elevated LDL blood cholesterol ^b	Less than 160 mg/dL
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^a CHD (coronary heart disease) risk equivalent = presence of clinical atherosclerotic disease that confers high risk for CHD events:

- ☐ Clinical CHD
- ☐ Symptomatic carotid artery disease
- ☐ Peripheral arterial disease
- ☐ Abdominal aortic aneurysm
- ☐ Diabetes
- ☐ Two or more risk factors with >20% risk for CHD (or myocardial infarction or CHD death) within 10 years

^b Major risk factors that affect your LDL goal:

- ☐ Cigarette smoking
- ☐ High blood pressure (140/90 mmHg or higher or on blood pressure medication)
- ☐ Low HDL blood cholesterol (less than 40 mg/dL)
- ☐ Family history of early heart disease (heart disease in father or brother before age 55; heart disease in mother or sister before age 65)
- ☐ Age (men 45 years or older; women 55 years or older)

Source: NIH Publication No. 01-3290, U.S. Department of Health and Human Services, National Institutes of Health, National Heart, Lung, and Blood Institute, National Cholesterol Education Program Brochure, High Blood Cholesterol What You Need to Know, May 2001. www.nhlbi.nih.gov/health/public/heart/cholesterol/hbc_what.htm.

National Public Health Week: Emergency Preparedness

During National Public Health Week, April 2-8, communities across Iowa will explore ways to help vulnerable populations prepare for public health emergencies. Those populations include mothers with young children, hourly-wage workers, and people with chronic illnesses and disability. K-12 schools and preschools will also be encouraged to prepare for public health emergencies. Statewide, local public health agencies and other organizations are sponsoring events and activities for the week, including recognizing Monday, April 2, as Protect Iowa Health Day.

The percentage of Iowans preparing for an emergency has doubled to 32 percent since the start of the Protect Iowa Health campaign. Protect Iowa Health, launched in 2005 by Iowa Department of Public Health (IDPH), local public health, hospitals and emergency medical services, educates Iowans about personal preparedness and the role of public health in emergencies.

First, create a family communications plan detailing what to do and where to meet in the event of a public health emergency. Second, create an emergency preparedness kit containing supplies such as non-perishable food, water, a first-aid kit, and a list detailing family members' medical history, including current medications.

For more information on ordering a free emergency preparedness guidebook or about the Protect Iowa Health campaign, visit www.protectionowahealth.org. IDPH's 2007 NPHW Web site is www.idph.state.ia.us/do/nphw_2007.asp.

Three Key Action Steps in Developing Your Emergency Plan:

1. Have a communications plan.



Get your copy of the *Protect Iowa Health* booklet today.

Call (515)281-7174, or download: www.protectionowahealth.org

2. Have an emergency supply kit.



Get your copy of a planning checklist and watch a video on developing an emergency supply kit at

<http://www.aginginstride.org/emergencyprep/default.htm>

3. People Living with Chronic Health Care Needs.



Identify persons you can turn to in an emergency for assistance.



Make a plan to meet your medical needs during an emergency.



Keep a list of your medications & doctors in your supply kit.

How to Keep Food Safe During an Emergency

Question: A snowstorm knocked down the power lines. Can I put the food from the refrigerator and freezer out in the snow?

Answer: No. Frozen food can thaw if it is exposed to the sun's rays even when the temperature is very cold. Refrigerated food may become too warm and foodborne bacteria could grow.

The outside temperature could vary hour by hour and the temperature outside will not protect refrigerated and frozen food.

Additionally, perishable items could be exposed to unsanitary conditions or to animals. Animals may harbor bacteria or disease; never consume food that has come into contact with an animal.

Rather than putting the food outside, consider taking advantage of the cold temperatures by making ice.

Fill buckets, empty milk cartons or cans with water and leave them outside to freeze. Then put the homemade ice in your refrigerator, freezer or coolers. (Source USDA)

Health Promotion and Disease Prevention Programs

While the majority of older adults have a chronic condition, illness and disability are not inevitable parts of the aging process, and can be prevented or delayed. There is overwhelming evidence that older persons do indeed benefit from health promotion interventions. Key health risk behaviors that can be targeted through health promotion include: physical inactivity, poor diet, smoking and substance abuse.

To help delay or prevent problems associated with chronic diseases, the Iowa Department of Elder Affairs and the Department of Public Health applied for and received a grant from the Administration on Aging. The Iowa *Healthy Links* grant provides the opportunity to have Stanford Chronic Disease Self Management Programs (CDSMP) and the EnhanceFitness (EF) programs in Iowa. These programs are evidence-based which means the programs have been thoroughly tested and consistently have good participant outcomes. The CDSMP is a six week workshop that helps individuals control problems they are experiencing as a result of their chronic illness. The EF program provides physical activity including strength and balance exercises three times a week.

CDSMP programs are being offered by the partnership of Area Agencies on Aging and County Public Health Offices in Polk County, Linn County and Black Hawk County. The EF program will start this summer. The plans are for the programs to be offered in additional counties over the next three years.

Participant outcomes are:

CDSMP	EF
<ul style="list-style-type: none">➤ Improved self-rated health status➤ Cope better with chronic disease➤ Reduced disability and dependence on hospital care➤ Builds confidence and sense of control	<ul style="list-style-type: none">➤ Increase strength➤ Boost activity levels➤ Elevate mood

Chronic conditions or risk factors for disability in Iowans aged 65-74 (BRFSS)

Arthritis:

58% have been told by a doctor that they have arthritis

Obesity:

31% are obese (23% in 2002 and 21% in 2001); 70% overweight or obese

Diabetes:

15% have been told they have diabetes (7% in 2002)

Nutrition and Physical Activity:

76% are not consuming adequate amounts of fruits and vegetables

68% are not achieving the physical activity recommendations.

Unintended Injuries:

Mortality rate for unintended injuries has increased over the past ten years from 3 to 12 per 100,000.



To help Iowans and the rest of the nation increase the amount of fruits and vegetables consumed, the Produce for Better Health Foundation and the Centers for Disease Control and Prevention have launched Fruits & Veggies—More Matters™. Debuting in March 2007, it's a new

national public health initiative encouraging Americans to eat more fruits and veggies—fresh, frozen, canned, dried and 100% juice.

“The Fruits & Veggies—More Matters Web site offers recipes, serving ideas and shopping advice. You will see this initiative in stores, online, at home and on packaging. For additional information, visit www.fruitsandveggiesmorematters.org and www.cdc.gov/fruitsandveggies.

The Senior Farmers Market

With the nicer weather, it is time to think about the Senior Farmers Market Nutrition Program. Around June 1, the Area Agencies on Aging will be distributing the 2007 checks. Participating in the Senior Farmers Market Nutrition Program is one way to increase fruit and vegetable intake.

Explore the variety of textures and colors at the Farmer's Market. Did you know that there are over 300 varieties of fruits and veggies? To get the full health benefits from fruits and veggies, eat a rainbow of colors everyday. Variety matters!

The amount of fruits and veggies you need every day depends on your age, gender and level of physical activity. As a general rule, fill about half your plate with fruits and veggies at meals. And don't forget to choose fruits and veggies for a tasty, convenient snack!

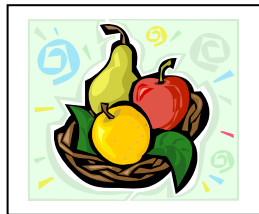
Check the chart below to see how many daily servings you need. This chart is based on a moderately active lifestyle. A moderately active lifestyle includes physical activity equal to walking 1½ -3 miles per day at 3-4 miles per hour plus the light physical activity related to typical day-to-day life.

Gender/Age	Daily Servings
Women <ul style="list-style-type: none"> • 19-50 years • 51 years and older 	4½ cups 4 cups
Men <ul style="list-style-type: none"> • 19-30 years • 51 years and older 	5½ cups 5 cups

Learn what 1 cup and ½ cup servings look like. Examples are listed below.

1 cup

- 1 medium pear
- 1 large bell pepper
- 1 medium potato
- 1 small apple
- 1 large ear of corn
- 1 medium sweet potato



½ cup

- 1 medium cantaloupe wedge
- 4 large strawberries
- 5 broccoli florets
- 1 medium/small tomato

Older Americans Month

The Administration on Aging announced *Older Americans: Making Choices for a Healthier Future* as the theme for Older Americans Month 2007. Materials can be accessed at <http://www.aoa.gov/PRESS/oam/oam.asp>



RESOURCES

Nutrition Education

- High vegetable intake linked to lower risk for benign prostatic hyperplasia. Men who have a high intake of vegetables, particularly those rich in beta-carotene, had a reduced risk for BPH. *Am J Clin Nutr.* 2007;85:523-529.

Health Promotion

- *The State of Aging and Health in America 2007.*

This state-by-state report presents 15 key health indicators for older adults related to health status, health behaviors, preventive care and screening, and injuries. An interactive version of the report allows for easy access to national and state-based data searchable by state, by health indicator and by other variables. The interactive system can be accessed at www.cdc.gov/aging. [Download the report and/or view the report's interactive website](#).

- *Maturity Health Matters*- FDA's free newsletter for older adults, their families and caregivers. <http://www.fda.gov/cdrh/maturityhealthmatters/issue5.html>.
- Educational resources on topics including nutrition, food safety, food preparation and food composition for various ethnic/cultural groups are available at this USDA website. <http://www.nal.usda.gov/fnic/pubs/bibs/gen/ethnic.html>.
- The Alzheimer's Association says there are four lifestyle choices that can keep your brain healthier as you age. The following steps also might reduce your risk of Alzheimer's disease or other forms of dementia. Visit the We Can Help section of www.alz.org to learn more. For games that challenge your brain, try www.aarp.org/fun/puzzles.

Eat wisely. Research suggests that high cholesterol may contribute to stroke and brain cell damage, so a low-fat, low-cholesterol diet is best. There is also growing evidence that a diet rich in dark vegetables and fruits, which contain antioxidants, may help protect brain cells.

Stay physically active. Physical exercise helps maintain good blood flow to the brain, which is essential for brain health, and also alters brain chemicals that help protect the brain.

Keep mentally active. Mentally stimulating activities strengthen brain cells and the connections between them, and may even create new nerve cells.

Remain socially involved. Social activity not only makes physical and mental activity more enjoyable, it can reduce stress levels, which helps maintain healthy connections among brain cells.

- Brochure: "Osteoporosis: The Silent Thief" has information about osteoporosis aimed at promoting healthy behaviors and is based on research conducted among women ages 65 and older. Download a free PDF version at <http://www.futureofaging.org/PublicationFiles/Osteoporosis%20Brochure.pdf>.
- "DVT Connections" newsletter is designed to provide information about deep vein thrombosis. Launched in February 2007, the newsletter will be published online four times a year. Read it at <http://www.preventdvt.org>.

Health Literacy

- Every time you talk with a doctor, nurse or pharmacist use the Ask Me 3 questions to better understand your health. www.askme3.org

- The March 2007, Patient Safety Awareness Week encourages consumers to ask questions of all their clinicians - doctors, nurses, pharmacists, and others. The campaign is called "Questions are the Answer: Get More Involved With Your Health Care." This web site features a "Question Builder" to allow patients to select from a series of targeted questions and print out a customized list that they can bring with them to help make their medical appointments more efficient.
<http://www.ahrq.gov/QuestionsAreTheAnswer/>
- Relay Iowa. Captioned telephones (CapTels) became available to the Iowa public on January 1, 2007 and a voucher program pays for 95% of the cost. Free educational presentations are available. For more information contact: Jessica Boer, Relay Iowa Outreach Project Manager, Hamilton Relay, 925 Hickman Road, Des Moines, IA 50322. www.relayiowa.com

Physical Activity

- Resource for strength training exercises for older adults. Site includes video clips demonstrating exercises.
<http://nihseniorhealth.gov/exercise/strengthexercises/03.html>
- Arthritis: Almost one in five adults, have arthritis. Read more about the types of arthritis at <http://www.cdc.gov/arthritis/intervention>. It is the leading cause of disability in the United States and contributes to high healthcare costs across the nation.

Being overweight is strongly associated with increased risk for both the development and progression of arthritis, particularly osteoarthritis. Research has shown that weight loss -- an average of 11 pounds -- may reduce the risk of developing knee osteoarthritis by as much as 50 percent.

Having arthritis, and the pain it causes, may create a barrier to the adoption of healthy lifestyle behaviors. Yet physical activity benefits people with arthritis in many ways. Research has shown that exercise reduces joint pain, improves function, and delays disability. The physical activity recommendation for people with arthritis is 30 minutes of moderate exercise at least three times per week. Engaging in physical activity in 10-minute intervals is a great way to start.

Exercise Programs for People With Arthritis:

- 1) Arthritis Foundation Exercise Program. <http://www.arthritis.org/afep1.asp>
- 2) Arthritis Foundation Aquatic Program.
<http://www.arthritis.org/events/getinvolved/programsservices/aquaticprogram.asp>
- 3) EnhanceFitness (formerly Lifetime Fitness).
<http://www.projectenhance.org/pro/fitness.html>

- American Society on Aging Physical Activity Resources

Live Well, Live Long's Physical Activity module:

(<http://www.asaging.org/cdc/module6/home.cfm>). The module covers basic information regarding physical activity and older adults, and also lists a variety of program examples.

Live Well, Live Long issue brief titled "Collaborations: Skill Building for Effective Partnerships" offers tips on how physical activity programs can establish and maintain partnerships:

http://www.asaging.org/cdc/issue_briefs/Issue_Brief_3.pdf.

Exercise for Life!: The general edition is for older adults, a special edition for older drivers, and a third edition for prevention and management of diabetes.

Visit the Live Long, Live Well website to download PDF versions of each:

http://www.asaging.org/cdc/module6/phase4/phase4_1.cfm.

Food Safety

- Iowa State University has streaming videos and podcasts of the Guide to Food Safety orientation video accessible on the ISU web site:
www.extension.iastate.edu/foodsafety or www.iowafoodsafety.org
- The Food and Drug Administration (FDA) has provided guidance to producers for keeping fresh-cut produce safer. The document is-- "[Guide to Minimize Microbial Food Safety Hazards of Fresh-cut Fruits and Vegetables](#)".

Processing produce into fresh-cut product increases the risk of bacterial contamination and growth by breaking the natural exterior barrier of the produce by peeling, slicing, coring, or trimming the produce with or without washing or other treatment before the produce is packaged for consumers. Examples of fresh-cut products are shredded lettuce, sliced tomatoes, salad mixes (raw vegetable salads), peeled baby carrots, broccoli florets, cauliflower florets, cut celery stalks, shredded cabbage, cut melons, sliced pineapple, and sectioned grapefruit.

Consumers can reduce their risk of illness from fresh-cut produce by following safe handling practices such as refrigerating the product after purchase; using only clean hands, utensils or dishes in preparing the product; and discarding the product when the "use by" date has expired.

- Keep Hands Clean with Good Hygiene-Tips from USDA

Cleanliness is a major factor in preventing foodborne illness. Wash hands with warm, soapy water for 20 seconds: before and after handling food; after using the bathroom; after changing a diaper; after handling pets; after tending to a sick person; after blowing your nose, coughing or sneezing; and after handling uncooked eggs or raw meat, poultry or fish and their juices.

For more information, contact the USDA Meat and Poultry Hotline. Food safety experts are available year-round Monday through Friday from 10 a.m. to 4 p.m. Eastern Time to answer questions about safely preparing and cooking foods. The toll-free number is 1-888-MPHotline (1-888-674-6854). Recorded messages are available 24 hours a day.

Fall Prevention

- Falls account for 70 percent of accidental deaths in persons 75 years of age and older. A new study highlights the exercises and techniques to reduce falls and hip fractures. Access the study at <http://www.allenpress.com/pdf/biof-34-03-05.pdf>
- Vitamin D may reduce falls in elderly nursing home residents. http://www.eurekalert.org/pub_releases/2007-02/bpl-vdm022107.php

Did You Know?

- Diabetes Self-Management Training

Medicare Part B covers 10 hours of initial education for a individual who has been diagnosed with diabetes, and they are eligible to receive 2 hours of follow-up training each year. The diabetes training must be ordered by the physician or qualified non-physician practitioner who is managing the individual's diabetic condition.

Opportunities exist for Area Agencies on Aging to collaborate with local diabetes education programs in providing diabetes education at senior centers or congregate meal sites. Information about this Medicare covered service can be accessed at MM5433 – Guidelines for Payment of Diabetes Self-Management Training (DSMT) <http://www.cms.hhs.gov/MLN MattersArticles/downloads/MM5433.pdf>

- Assessing Appetite Predicts Weight Loss in Older Adults (Am J Clin Nutr 2005;82:1074-81)
Weight loss can have a negative effect on quality of life and can shorten the life. Early detection and intervention may prevent weight loss and improve health outcomes. A Simplified Nutrition Appetite Questionnaire (SNAQ) score <14 may identify persons with appetite problems. Studies have shown older adults having a significant increase in functional capacity after nutrition intervention.

SNAQ

Ask the subject to complete the questionnaire by circling the correct answers and then tally the results based upon the following numerical scale: a=1, b=2, c=3, d=4, e=5. The sum of the scores for the individual items constitutes the SNAQ score ≤ 14 indicates significant risk of at least 5% weight loss within six months.

1. My appetite is

- a. very poor
- b. poor
- c. average
- d. good
- e. very good

3. Food tastes

- a. very bad
- b. bad
- c. average
- d. good
- e. very good

2. When I eat

- a. I feel full after eating only a few mouthfuls
- b. I feel full after eating about a third of a meal
- c. I feel full after eating over one half of a meal
- d. I feel full after eating most of a meal
- e. I hardly ever feel full

4. Normally I eat

- a. less than one meal a day
- b. one meal a day
- c. two meals a day
- d. three meals a day
- e. more than three meals a day

Pick a **better** snack

On the Go – With Grape Tomatoes!

Grape tomatoes may be small, but they're creating a big stir in the world of produce. They are quickly becoming the tomato of choice, preferred for their bite-size, sweet taste and filling that doesn't "squirt."

Grape tomatoes are low in calories, fat and sodium, but high in taste, antioxidants and potassium. The grape tomato is a hybrid of roma, tear-drop and cherry tomatoes and its fingerfood size makes it an ideal replacement for higher-fat convenience foods like peanuts or candies. When choosing grape tomatoes, choose those with bright, shiny skin and firm flesh. Avoid tomatoes that are soft or blemished. Grape tomatoes so easy to prepare—just wash and enjoy!

Wash. Eat. (how easy is that?)

Take Grape Tomatoes With You!

- Slice tomatoes in half and coat with low-calorie Italian salad dressing.
- Wash and store in the refrigerator so a fast handful is always ready to go.
- Skewer grape tomatoes, chunks of cheese and green pepper for a colorful and tasty snack.

Pick a **better** snack™ was developed in partnership with the Iowa Nutrition Network and the USDA's Food Stamp Program and Team Nutrition – equal opportunity providers and employers. For more information about the Iowa Nutrition Network or the Chef Charles nutrition education program, call the Iowa Department of Public Health at (800) 532-1579. Note that short articles like the “On the Go with GrapeTomatoes” are on the IDPH web site and are available for use in newsletters or newspapers (http://www.idph.state.ia.us/pickabettersnack/social_marketing.asp).

Nutrition Facts:

Tomatoes are a good source of vitamin C, vitamin A (carotenes) and the antioxidant lycopene that can help protect against cancer. They are also low in carbohydrate and fat free.

Quick Nibble:

The tomato is botanically a fruit, but prepared and consumed as a vegetable. The first official mention of the fruit appeared in 1544 where it was described as a yellow-fruit called pomodoro meaning “golden apple” in Italian. In 2001, the grape tomato’s use in the U.S. increased by 142 percent!

Our Mission:

To provide advocacy, educational, and prevention services to older Iowans so they can find Iowa a healthy, safe, productive, and enjoyable place to live and work.

Iowa Department of Elder Affairs

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